

**Department of Public Health and Human Services
Quality Assurance Division - Licensure Bureau
Child Care Licensing**

Day Care Facility - Menu Form

DAY CARE PROVIDER NAME : _____ **ADDRESS:** _____ **PV NUMBER:** _____

		DAY / DATE	/	/	/	/	/
BREAKFAST	Fluid Milk						
	Juice or Fruit or Vegetable						
	Bread or Cereal or Alternate						
	Additional Foods (optional)						
LUNCH / SUPPER	Fluid Milk						
	Main Dish						
	Meat or Alternative						
	Juice or Fruit or Vegetable						
	Bread or Alternate						
SNACK	Fluid Milk						
	Meat or Alternate						
	Juice or Fruit or Vegetable						
	Bread or Cereal or Alternate						

NEED HELP - See sample on back of this form